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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) ALXN-P01-095	
Application Number	10/524394	Filed	February 10, 2005
For	EXPRESSION OF DC-SIGN BY MACROPHAGES AND METHODS OF TREATING AND DIAGNOSING RHEUMATOID ARTHRITIS		
Art Unit	N/A	Examiner	Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

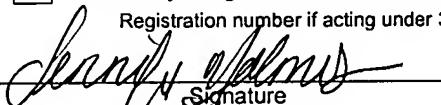
Applicant claims small entity status. See 37 CFR 1.27.  
 A check in the amount of the fee is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director has already been authorized to charge fees in this application to a Deposit Account.  
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number 18-1945 10524394 I have enclosed a duplicate copy of this sheet.

12/16/2005 MKAYPASH 00000092 181945 10524394

02 FC:2251

**60.00 DA**I am the  applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 46,778 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34



December 7, 2005

Date

Jennifer Holmes, Ph.D., J.D.

(617) 951-7933

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS PCT Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 12/7/05 Signature: Andrea Berlo (Andrea Berlo)